Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 1 of 72

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF VIRGINIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | | |
|-----|---|--|--|---|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | | |
| | Write the name that is on | Kelly | | Leanna | |
| | your government-issued picture identification (for | First name | | First name | |
| | example, your driver's | Francis | | Marie | |
| | license or passport). | Middle name | | Middle name | |
| | Bring your picture identification to your | Mandock | | Mandock | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) | |
| | | | | | |
| 2. | All other names you have used in the last 8 years | | | | |
| | Include your married or maiden names. | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5640 | | xxx-xx-3621 | |
| | | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 2 of 72

Debtor 1 Kelly Francis Mandock
Leanna Marie Mandock

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|--|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 5609 Earlton Ct. | If Debtor 2 lives at a different address: | | | |
| | | Virginia Beach, VA 23464 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Virginia Beach Cit | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 3 of 72

| _ | Debtor 1 Kelly Francis Mandock Debtor 2 Leanna Marie Mandock | | | | Case number (if known) | | | | | |
|---|--|---|--|--|---|---|---|--|--|--|
| Pai | rt 2: Tell the Court About | our Bank | ruptcy Ca | se | | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | | | |
| | | □ Chapter 11 | | | | | | | | |
| | | ☐ Chap | ter 12 | | | | | | | |
| | | ☐ Chap | ter 13 | | | | | | | |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in you about how you may pay. Typically, if you are paying the fee yourself, you may pay with cas order. If your attorney is submitting your payment on your behalf, your attorney may pay with a pre-printed address. | | | | | n, cashier's check, or money h a credit card or check with | | | | | |
| ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for In The Filing Fee in Installments (Official Form 103A). | | | | | ation for Individuals to Pay | | | | | |
| | | ☐ I re | equest that t is not requ plies to you | t my fee be waived (You ma | y request may do so able to pa | o only if your incor y the fee in installr | ne is less than 150% onents). If you choose | of the official poverty line that this option, you must fill out | | |
| 9. | Have you filed for | □ No. | | | | | | | | |
| | bankruptcy within the last 8 years? | Yes. | | | | | | | | |
| | , | | District | Norfolk, VA Joint Std Chapter 7 Discharge | When | 10/04/00 | Case number | 00-24213 | | |
| | | | District | | _ _ When | | Case number | | | |
| | | | District | | When | | Case number | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | | |
| | | | District | | When | - | Case number, if | known | | |
| | | | Debtor | | | | Relationship to y | | | |
| | | | District | | _ When | | Case number, if | known | | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ne 12. | | | | | | |
| | residence: | ☐ Yes. | Has yo | ur landlord obtained an evicti | on judgm | ent against you? | | | | |
| | | | | No. Go to line 12. | | | | | | |

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 4 of 72

| Deb | otor 2 Leanna Marie Mar | ndock | | Case number (if known) | | | |
|--|---|--|---|---|--|--|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own as a Sole Proprie | tor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | Go to Part 4. | | | |
| | | ☐ Yes. | Name and location of bus | siness | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Star | te & ZIP Code | | | |
| | it to this petition. | | Check the appropriate bo | x to describe your business: | | | |
| | | | ☐ Health Care Busing | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| ☐ Single Asset Real Es | | | | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | | | |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ■ None of the above | e | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | he deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so de and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | |
| | - • | | | Number, Street, City, State & Zip Code | | | |

Debtor 1 Kelly Francis Mandock

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 5 of 72

Debtor 1 Kelly Francis Mandock
Debtor 2 Leanna Marie Mandock

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 6 of 72

| Dah | tor 1 Kelly Francis Ma | ndock | Docume | nt Page 6 o | f 72 | | | |
|------------|--|--|--|----------------------------------|---|---|--|--|
| | tor 2 Leanna Marie Ma | | | | Case numbe | 「 (if known) | | |
| Par | 6: Answer These Ques | tions for R | Reporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you or | we that are not consur | mer debts or busines | s debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| ; | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Dare paid that funds will be ava | | | erty is excluded and administrative expenses | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | be available for distribution to unsecured creditors? | ı | ☐ Yes | | | | | |
| | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001-100,000 ☐ More than100,000 | | |
| | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,0 | 00 | ☐ More than 100,000 | | |
| 19. | How much do you | □ \$0 - \$ | | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 001 - \$100,000 ,001 - \$500,000 | □ \$10,000,001 □ \$50,000,001 | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | | ,001 - \$500,000 ,001 - \$1 million | | 01 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$ | \$50,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 bil □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 bil | | | |
| | | □ \$100,001 - \$500,000 ■ \$500,001 - \$1 million | | |)1 - \$100 million)1 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Par | :7: Sign Below | | | | | | | |
| For | you | I have ex | xamined this petition, and I dec | lare under penalty of p | perjury that the inforn | nation provided is true and correct. | | |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7. | | |
| | | | orney represents me and I did n nt, I have obtained and read the | | | t an attorney to help me fill out this | | |
| l reques | | | st relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | | tcy case can result in fines up to | | | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | /s/ Kell | y Francis Mandock | | /s/ Leanna Marie | | | |
| | | • | rancis Mandock e of Debtor 1 | | Leanna Marie M Signature of Debtor | | | |

Executed on October 29, 2018

MM / DD / YYYY

Executed on October 29, 2018

MM / DD / YYYY

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 7 of 72

| Debtor 1 | Kelly Francis Mandock |
|----------|-----------------------|
| Debtor 2 | Leanna Marie Mandock |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kenneth A. N Signature of Attorne | | Date | October 29, 2018 MM / DD / YYYY | | | |
|--|--------------|---------------|------------------------------------|--|--|--|
| Kenneth A. More | eno 37686 | | | | | |
| Kenneth A. Moreno, PLLC | | | | | | |
| 1553 S. Military Chesapeake, VA | • • | | | | | |
| Number, Street, City, Stat | e & ZIP Code | | | | | |
| Contact phone (757 | 486-1938 | Email address | kamoreno@msn.com | | | |
| 37686 VA | | | | | | |
| Bar number & State | | | | | | |

| (| Case 1 | 18-73816-FJS | Doc 1 | Filed 10 Docum | | Entered 10/2 age 8 of 72 | 9/18 17:14 | 1:19 | Desc Main |
|-------------------|------------|---|----------------|-------------------|----------------|-----------------------------|------------------|------|------------------------------------|
| Fill in this | informa | ntion to identify your | case: | | | | | | |
| Debtor 1 | | Kelly Francis Mar | | | | | | | |
| | | First Name | Middle | Name | Last | Name | | | |
| Debtor 2 | | Leanna Marie Mai | ndock | | | | | | |
| (Spouse if, filir | ing) | First Name | Middle | Name | Last | Name | | | |
| United Sta | ates Bank | ruptcy Court for the: | EASTERN | I DISTRICT C | F VIRGINIA | | | | |
| Case num | ber | | | | | | | | |
| (if known) | | | | | | | | | Check if this is an amended filing |
| | | <u>m 106Sum</u> Your Assets a | and Liab | oilities ar | nd Certa | in Statistical | Informatio | on | 12/15 |
| informatio | n. Fill ou | d accurate as possib it all of your schedule s, you must fill out a i | es first; then | n complete th | ne information | on on this form. If yo | ou are filing am | | |
| Part 1: | Summar | ize Your Assets | | | | | | | |

| | | Your a | assets of what you own |
|-----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 658,663.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 103,569.89 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 762,232.89 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 697,949.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 11,830.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 183,243.99 |
| | Your total liabilities | \$ | 893,022.99 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,431.04 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,408.87 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | hedules. |
| 7 | ■ Yes What kind of debt do you have? | | |

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 9 of 72

| | Kelly Francis Mandock | 3 | |
|----------|-----------------------|------------------------|--|
| Debtor 2 | Leanna Marie Mandock | Case number (if known) | |
| | | _ | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,413.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 11,830.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 11,830.00 |

| Cas | Se 16-73 | о то- г | -32 DOC 1 | _ | tumont | 9/18 Eni Page 1 | ereu 10/2: | 9/10 I/. | 14.19 L | Jesc | Main |
|---------------------|--|----------------|--|------------|----------------|------------------------------------|-------------------|-----------------|----------------------------------|----------|---------------------|
| Fill in this info | ormation to i | dentify | your case and th | | | Paue 1 | U UI / Z | | | | |
| | | | • | no mny | 3. | | | | | | |
| Debtor 1 | Kelly First Nam | | s Mandock | e Name | | Last Name | | | | | |
| Debtor 2 | | | ie Mandock | 5 IVallie | | Lastivanie | | | | | |
| (Spouse, if filing) | First Nam | | | e Name | | Last Name | | | | | |
| Inited Ctates | Donkrumtov C | `at far | that EASTERN | DISTRI | ICT OF VID | CINIA | | | | | |
| United States | Dankrupicy C | ourt ioi | the: EASTERN | ואונוט | ICT OF VIK | GINIA | | | | | |
| Case number | | | | | | | | | | | Check if this is an |
| | | | | | | | | | | а | mended filing |
| | | | | | | | | | | | |
| Official F | orm 10 | 64/F | 2 | | | | | | | | |
| | | | - | | | | | | | | |
| scheal | lie A/F | <u> </u> | roperty | | | | | | | 12 | 2/15 |
| nink it fits best. | . Be as completed by Be as compl | ete and | escribe items. List accurate as possibl attach a separate sl | le. If two | married peo | ople are filing to | gether, both are | equally resp | onsible for su | pplying | correct |
| Part 1: Descril | ha Each Pasid | lonco B | uilding, Land, or Ot | hor Pool | L Estato Vou | Own or Have an | Interest In | | | | |
| art I. Descri | De Lacii Nesio | ence, D | unung, Land, or Ot | ilei iteai | LState Tou | Own or mave an | i iiiterest iii | | | | |
| . Do you own o | or have any leg | gal or eq | uitable interest in a | ny resid | lence, buildi | ing, land, or sim | lar property? | | | | |
| ☐ No. Go to F | Part 2. | | | | | | | | | | |
| Yes When | re is the proper | tv? | | | | | | | | | |
| | | ., . | | | | | | | | | |
| | | | | | | | | | | | |
| 1.1 | | | | What | t is the prope | erty? Check all tha | t apply | | | | |
| 5609 Ea | ırlton Ct. | | | _ | Single-fam | = | | Do not ded | uct secured cla | ims or e | exemptions. Put |
| Street addre | ess, if available, or | other des | cription | _ | • | multi-unit building | | the amount | t of any secure | d claims | on Schedule D: |
| | | | | | Condomini | ium or cooperativ | | Creditors V | Vho Have Clair | ns Secu | red by Property. |
| | | | | | | • | | | | | |
| | | | | | Manufactui | red or mobile hor | ne | Current va | lue of the | Curre | ent value of the |
| Virginia | Beach | VA | 23464-0000 | | Land | | | entire prop | | | on you own? |
| City | | State | ZIP Code | | | | | \$3 | 11,645.00 | | \$311,645.00 |
| | | | | | | • | | Describe t | he nature of y | our owi | nership interest |
| | | | | | _ | | | | ee simple, tena e), if known. | ancy by | the entireties, or |
| | | | | Who | | rest in the prope | rty? Check one | | e), ii kilowii. / by the ent | iretv | |
| Virginia | Beach Cit | | | | | • | | | , | 0.9 | |
| County | | | | | | • | | | | | |
| County | | | | _ | | and Debtor 2 only | | | c if this is com | munity | property |
| | | | | | / 11 TOGOT 011 | e of the debtors a | | (| structions) | | |
| | | | | | | n you wish to ac cation number: | iu about this ite | ııı, such as lü | rual | | |

Official Form 106A/B Schedule A/B: Property page 1 Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 11 of 72

Kelly Francis Mandock

| 1.2 299 Street | gsboro ssex | | | What | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$347,018.00 Describe the nature of y (such as fee simple, ten a life estate), if known. | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$347,018.00 |
|----------------------|---|---------------|------------------------|------------|--|---|--|
| 299 Street Dag City | 949 Sawmill Dr et address, if available, gsboro | or other desc | cription 19939-0000 | What | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current value of the entire property? \$347,018.00 Describe the nature of y (such as fee simple, ten | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$347,018.00 our ownership interest |
| Dag City | et address, if available, gsboro ssex | or other desc | 19939-0000 | | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current value of the entire property? \$347,018.00 Describe the nature of y (such as fee simple, ten | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$347,018.00 our ownership interest |
| Dag City | gsboro ssex | DE | 19939-0000 | | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current value of the entire property? \$347,018.00 Describe the nature of y (such as fee simple, ten | Current value of the portion you own? \$347,018.00 |
| City | ssex | | | | Manufactured or mobile home Land Investment property Timeshare Otherhas an interest in the property? Check one | Current value of the entire property? \$347,018.00 Describe the nature of y (such as fee simple, ten | Current value of the portion you own? \$347,018.00 our ownership interest |
| City | ssex | | | | Land Investment property Timeshare Otherhas an interest in the property? Check one | s347,018.00 Describe the nature of y (such as fee simple, ten | portion you own? \$347,018.00 our ownership interest |
| City | ssex | | | | Land Investment property Timeshare Otherhas an interest in the property? Check one | s347,018.00 Describe the nature of y (such as fee simple, ten | portion you own? \$347,018.00 our ownership interest |
| City | ssex | | | Who | Investment property Timeshare Other has an interest in the property? Check one | \$347,018.00 Describe the nature of y (such as fee simple, ten | \$347,018.00 our ownership interest |
| Sus | | State | ZIP Code | Who | Timeshare Other has an interest in the property? Check one | Describe the nature of y (such as fee simple, ten | our ownership interest |
| | | | | Who | Otherhas an interest in the property? Check one | (such as fee simple, ten | |
| | | | | Who | has an interest in the property? Check one | | ancy by the entireties, or |
| | | | | _ | • • • | | |
| | | | | | Debtor 1 only | Tenancy by the ent | tirety |
| Count | nty | | | | Debtor 2 only | | |
| | | | | _ | Debtor 1 and Debtor 2 only | | |
| | | | | _ | At least one of the debtors and another | Check if this is com (see instructions) | munity property |
| | | | | | rinformation you wish to add about this iter | , | |
| | | | | | erty identification number: | ii, sucii as iocai | |
| page | | hed for l | | | your entries from Part 1, including any r here | | \$658,663.00 |
| □ No ■ Yes 3.1 Ma | ake: Chevrol | ett | | Who has a | n intercet in the property? Checkers | Do not deduct secured cl | aims or exemptions. Put |
| | T-1 | | | _ | n interest in the property? Check one | the amount of any secure Creditors Who Have Clair | |
| | odel: 1anoe ear: 2017 | | | ☐ Debtor 1 | • | Creditors who have Clair | ins secured by Property. |
| | | | 46000 | ☐ Debtor 2 | • | Current value of the | Current value of the |
| | pproximate mileage: ther information: | | 40000 | _ | I and Debtor 2 only | entire property? | portion you own? |
| | ulei illioillatioli. | | | ■ At least | one of the debtors and another | | |
| | | | | Check i | f this is community property ructions) | \$42,700.00 | \$42,700.00 |

Official Form 106A/B

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 12 of 72

| Debtor 1 Debtor 2 | Kelly Franci Leanna Mar | |) |
|----------------------|-------------------------------|--|---|
| | | the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here=> | \$68,700.00 |
| Part 3: | Describe Your Perso | onal and Household Items | |
| | | legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> □ No | | furnishings nces, furniture, linens, china, kitchenware | |
| ■ re | s. Describe | Household Goods (see attached list) | \$1,945.00 |
| □ No | ples: Televisions a | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music I phones, cameras, media players, games | collections; electronic devices |
| | | Electronics (see attached list) | \$260.00 |
| 9. Equip Exam | s. Describe ment for sports a | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | | Camping and fishing equipment | \$150.00 |
| □ No | | s, shotguns, ammunition, and related equipment | |
| | | Pistol and Shotgun | \$400.00 |
| ☐ No | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | | Wearing Apparel | \$400.00 |
| ☐ No | mples: Everyday je | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | gold, silver |
| | | Earrings (2 sets), Necklace/Chains (2) | \$150.00 |
| | | | |

page 3

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 13 of 72

| | Francis Mand na Marie Mand | | | Case number (if known) | |
|--|---|-----------------------------|--|--|---|
| | Wedd | ling Jewelry (2 rir | ngs) | | \$200.00 |
| 13. Non-farm anim Examples: Dog ■ No □ Yes. Describe | ıs, cats, birds, ho | rses | | | |
| □ No | | | not already list, including any | health aids you did not list | |
| ■ Yes. Give spe | ecific information | | | | |
| | Vario | us ammunition | | | \$40.00 |
| for Part 3. Wr | ite that number | here | Part 3, including any entries for | | \$3,545.00 |
| Part 4: Describe Yo Do you own or hav | | | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | our wallet, in your ho | | on hand when you file your petition Cash | \$122.00 |
| | | | | | φ122.00 |
| insti □ No | ecking, savings, o itutions. If you ha | or other financial accounts | s with the same institution, list each | res in credit unions, brokerage hou ch. | uses, and other similar |
| ■ Yes | | | Institution name: | | |
| | 17.1. | | | | \$0.00 |
| | 17.2. | Checking | ВВ&Т | | \$3.80 |
| | 17.3. | Savings | Langley FCU | | \$5.87 |
| | 17.4. | Checking | NFCU | | \$0.01 |
| | 17.5. | Savings | NFCU | | \$5.00 |
| | 17.6. | Checking | NFCU | | \$0.01 |

Official Form 106A/B

Schedule A/B: Property

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 14 of 72 **Kelly Francis Mandock**

| | ly Francis Mand nna Marie Mand | | | Case number (if known) | | |
|---------------------------------------|---|--|---|--|--|--|
| | 17.7. | Savings | NFCU | | \$5.00 | |
| Examples: B | al funds, or public ond funds, investm | | rokerage firms, money market a | ccounts | | |
| ■ No □ Yes | | Institution or issue | r name: | | | |
| 9. Non-publicly joint venture | | interests in incor | porated and unincorporated b | usinesses, including an interest in an | LLC, partnership, and | |
| | | about themme of entity: | | % of ownership: | | |
| Negotiable ir Non-negotial ■ No | nstruments include ble instruments are specific information | personal checks, ca those you cannot to | potiable and non-negotiable in ashiers' checks, promissory note ransfer to someone by signing o | es, and money orders. | | |
| | or pension accoun | ıts | 403(b), thrift savings accounts, | or other pension or profit-sharing plans | | |
| _ | ach account separa Type | tely. of account: | Institution name: | | | |
| | 401(| k) | TIAA | | \$30,981.20 | |
| Your share o Examples: A | | its you have made s | so that you may continue service c, public utilities (electric, gas, wa | e or use from a company ater), telecommunications companies, or | others | |
| ■ No □ Yes | | | Institution name or indiv | vidual: | | |
| 23. Annuities (A | contract for a perio | odic payment of mor | ney to you, either for life or for a | number of years) | | |
| ☐ Yes | . Issuer nan | ne and description. | | | | |
| | n education IRA, i 530(b)(1), 529A(b), | | qualified ABLE program, or ur | nder a qualified state tuition program. | | |
| ☐ Yes | . Institution | name and description | on. Separately file the records of | f any interests.11 U.S.C. § 521(c): | | |
| ■ No | | | other than anything listed in l | ine 1), and rights or powers exercisab | ole for your benefit | |
| | specific information | | | | | |
| Examples: In ■ No | iternet domain nam | es, websites, proce | and other intellectual property eds from royalties and licensing | | | |
| | specific information | | | | | |
| Examples: B ■ No | uilding permits, exc | · | | iquor licenses, professional licenses | | |
| ☐ Yes. Give | specific information | about them | | | | |
| Money or prope | rty owed to you? | | | p | Current value of the cortion you own? Do not deduct secured | |

Official Form 106A/B

| | otor 2 Leanna Marie Mandock | Cas | se number (if known) | |
|------------|---|---|--------------------------------|----------------------|
| | | | С | laims or exemptions. |
| _ | Tax refunds owed to you | | | |
| _ | ☐ No No Give specific information about t | them, including whether you already filed the returns and t | ho tay years | |
| • | • res. Give specific information about | mem, including whether you already flied the returns and t | ne tax years | |
| | | | | |
| | | 2018 Tax Refunds | Federal (owed | \$1.0 |
| | | 2010 Tax Neturius | 2017) | Ψ1.0 |
| | | | | |
| | | 2018 Tax Refunds | State (owed 2017) | \$1.0 |
| | | 2010 Tux Notunius | State (Owed 2017) | Ψ1.0 |
| 20 | Family support | | | |
| 29. | | ony, spousal support, child support, maintenance, divorce | settlement, property settler | ment |
| ı | No | | | |
| | ☐ Yes. Give specific information | | | |
| | | | | |
| 30. | Other amounts someone owes you | surance payments, disability benefits, sick pay, vacation pa | av workers' compensation | Social Socurity |
| | benefits; unpaid loans you | | ay, workers compensation | i, Social Security |
| | No | | | |
| | ☐ Yes. Give specific information | | | |
| 31. | Interests in insurance policies | | | |
| _ | _ | urance; health savings account (HSA); credit, homeowner | s, or renter's insurance | |
| _ | No | Consideration and Part Status | | |
| L | ☐ Yes. Name the insurance company o Company | | | Surrender or refund |
| | | , | | value: |
| 32. | Any interest in property that is due y | ou from someone who has died | | |
| | If you are the beneficiary of a living true someone has died. | st, expect proceeds from a life insurance policy, or are cur | rently entitled to receive pro | operty because |
| | No | | | |
| | ☐ Yes. Give specific information | | | |
| | | | | |
| 33. | | or not you have filed a lawsuit or made a demand for | payment | |
| | Examples: Accidents, employment disp ■ No | outes, insurance claims, or rights to sue | | |
| _ | ■ No □ Yes. Describe each claim | | | |
| | | | | |
| | | laims of every nature, including counterclaims of the c | lebtor and rights to set of | ff claims |
| | ■ No ☑ Yes. Describe each claim | | | |
| | | | | |
| | Any financial assets you did not alre | ady list | | |
| _ | No | | | |
| | ☐ Yes. Give specific information | | | |
| 36. | Add the dollar value of all of your e | ntries from Part 4, including any entries for pages you | have attached | * |
| | | | | \$31,124.89 |
| | _ | | | |
| Part | 5: Describe Any Business-Related Prop | erty You Own or Have an Interest In. List any real estate in Pa | rt 1. | |
| _ | | interest in any business-related property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |

Official Form 106A/B Schedule A/B: Property page 6

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 16 of 72

| | | Document | Page 16 of | 12 | |
|--------------|---|---------------------------|-----------------------|------------------------------|--------------|
| | tor 1 Kelly Francis Mandock tor 2 Leanna Marie Mandock | | _ | Case number (if known) | |
| | | | | _ | |
| Part | 6: Describe Any Farm- and Commercial Fishing- If you own or have an interest in farmland, list it is | | wn or Have an Interes | t In. | |
| 46. i | Do you own or have any legal or equitable ir | nterest in any farm- or | commercial fishin | g-related property? | |
| | ■ No. Go to Part 7. | | | | |
| | Yes. Go to line 47. | | | | |
| Part | 7: Describe All Property You Own or Have a | an Interest in That You D | id Not List Above | | |
| | Do you have other property of any kind you Examples: Season tickets, country club member No Yes. Give specific information | | | | |
| | <u> </u> | | | | ¢400.00 |
| | Unemploymen | ıt | | | \$100.00 |
| | F | | | | 4400.00 |
| | Wages earned | but not yet paid | | | \$100.00 |
| 54. Part | Add the dollar value of all of your entries from 8: List the Totals of Each Part of this Form | rom Part 7. Write that | number here | | \$200.00 |
| 55. | Part 1: Total real estate, line 2 | | | | \$658,663.00 |
| | Part 2: Total vehicles, line 5 | | \$68,700.00 | | |
| 57. | Part 3: Total personal and household items | s, line 15 | \$3,545.00 | | |
| 58. | Part 4: Total financial assets, line 36 | _ | \$31,124.89 | | |
| 59. | Part 5: Total business-related property, line | e 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related prop | perty, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line | 54 + | \$200.00 | | |
| 62. | Total personal property. Add lines 56 throug | gh 61 | \$103,569.89 | Copy personal property total | \$103,569.89 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$762,232.89

Household Goods

No: Indicates number of each item.

| No. | Item |
|-----|----------------------|
| 2 | Chair |
| 1 | Sofa |
| | Love Seat |
| | Bookcase |
| 1 | Coffee Table |
| 2 | End Table |
| 1 | Bed |
| 1 | Dresser |
| 1 | Chest of Drawers |
| 2 | Night Stand |
| 2 | Mirror |
| | Armoire |
| 1 | Dining Table |
| 4 | Dining Chairs |
| | Buffet |
| 3 | China Cabinet |
| | Side boy |
| 2 | Computer |
| 2 | Computer Desk |
| 2 | Printer |
| 2 | Entertainment Center |
| | Radio |
| | Stereo System |
| 2 | Television |
| 1 | DVD Player |
| | Telephone |

| No. | Item |
|-----|--------------------|
| 1 | Washing Machine |
| 1 | Dryer |
| | Air Conditioner |
| 2 | Portable Heaters |
| 2 | Fans |
| 1 | Vacuum Cleaner |
| | Sewing Machine |
| | Refrigerator |
| 1 | Freezer |
| 1 | Microwave Oven |
| Var | Kitchen Appliances |
| 6 | Lamps |
| 1 | Sfwing |
| Var | Dishes |
| Var | Pots and Pans |
| Var | Silverware |
| Var | Patio Furniture |
| Var | Books |
| Var | Knick Knacks |
| Var | Garden Equipment |
| 1 | Fireplace set |
| 1 | Grill |
| | |
| | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 18 of 72

| Fill in this infor | | | | | |
|---|-------------------|--------------------|------------|--------|-----------------|
| Debtor 1 | Kelly Francis Mar | ndock | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | ☐ Chec | k if this is an |
| | | | | amen | ided filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the the | Property | You | Claim | as E | Exempt |
|---------|----------|---------|----------|-----|-------|------|--------|
| | | | | | | | |

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | |
|--|---|--------------------------------------|--|------------------------------------|--|--|--|
| ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | |
| 2. | 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | |
| | | | | | | | |

| | Copy the value from Schedule A/B | Check only one box for each exemption. |
|---|-------------------------------------|---|
| bebtor 1 Exemptions 5609 Earlton Ct. Virginia Beach, VA 23464 Virginia Beach Cit County Line from Schedule A/B: 1.1 | \$311,645.00 | \$0.50 Va. Code Ann. § 34-4 100% of fair market value, up to any applicable statutory limit |
| 29949 Sawmill Dr. Dagsboro, DE 19939 Sussex County Line from <i>Schedule A/B</i> : 1.2 | \$347,018.00 | \$0.50 Va. Code Ann. § 34-4 100% of fair market value, up to any applicable statutory limit |
| 2017 Chevrolett Tahoe 46000 miles Line from Schedule A/B: 3.1 | \$42,700.00 | \$0.50 Va. Code Ann. § 34-4 100% of fair market value, up to any applicable statutory limit |
| 2013 Forest River Sierra Travel Trl 5th Wheel Line from Schedule A/B: 4.1 | \$26,000.00 | \$0.50 Va. Code Ann. § 34-4 100% of fair market value, up to any applicable statutory limit |
| Household Goods (see attached list) Line from Schedule A/B: 6.1 | \$1,945.00 | \$973.00 Va. Code Ann. § 34-26(4a) 100% of fair market value, up to any applicable statutory limit |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 19 of 72

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|--|---|---|--|------------------------------------|
| | Schedule A/B | | , | |
| Electronics (see attached list) Line from Schedule A/B: 7.1 | \$260.00 | | \$130.00 | Va. Code Ann. § 34-26(4a) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Camping and fishing equipment Line from Schedule A/B: 9.1 | \$150.00 | | \$75.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Pistol and Shotgun Line from Schedule A/B: 10.1 | \$400.00 | | \$200.00 | Va. Code Ann. § 34-26(4b) |
| Ellie II oli ooliodale 77 B. 1911 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wearing Apparel Line from Schedule A/B: 11.1 | \$400.00 | • | \$200.00 | Va. Code Ann. § 34-26(4) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Earrings (2 sets), Necklace/Chains (2) | \$150.00 | | \$75.00 | Va. Code Ann. § 34-4 |
| Ellie Holli Golledgie 77 B. 1211 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wedding Jewelry (2 rings) Line from Schedule A/B: 12.2 | \$200.00 | | \$100.00 | Va. Code Ann. § 34-26(1a) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Various ammunition Line from Schedule A/B: 14.1 | \$40.00 | | \$20.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$122.00 | | \$61.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: BB&T Line from Schedule A/B: 17.2 | \$3.80 | • | \$1.90 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Langley FCU Line from Schedule A/B: 17.3 | \$5.87 | • | \$5.87 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: NFCU Line from Schedule A/B: 17.4 | \$0.01 | | \$0.01 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: NFCU Line from Schedule A/B: 17.5 | \$5.00 | | \$5.00 | Va. Code Ann. § 34-4 |
| Ento nont donedate AVD. III. | | | 100% of fair market value, up to | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 20 of 72

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | | | | |
|----|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|--|--|--|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | |
| | 401(k): TIAA Line from Schedule A/B: 21.1 | \$30,981.20 | | \$30,981.20 | Va. Code Ann. § 34-34 | | | | |
| | Line nom Schedule PVB. 2111 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Federal (owed 2017): 2018 Tax Refunds | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 | | | | |
| | Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | State (owed 2017): 2018 Tax Refunds Line from Schedule A/B: 28.2 | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 | | | | |
| | Line Ironi Schedule AVB. 20.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Unemployment Line from Schedule A/B: 53.1 | \$100.00 | | \$100.00 | Va. Code Ann. § 60.2-600 | | | | |
| | Line Ironi Schedule Arb. 33.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. | 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No | | | | | | | | |
| | Yes. Did you acquire the property cover | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? | | | | |
| | □ No | □ No | | | | | | | |

☐ Yes

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 21 of 72

| Fill in this infor | -ill in this information to identify your case: | | | | | | |
|---|---|--------------------|-------------|-----------------------|--|--|--|
| Debtor 1 | | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Leanna Marie Ma | ndock | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | OF VIRGINIA | | | | |
| Case number | | | | ☐ Check if this is an | | | |
| | | | | amended filing | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Check | k only one box for each exemption. | | |
| btor 2 Exemptions 5609 Earlton Ct. Virginia Beach, VA 23464 Virginia Beach Cit County Line from Schedule A/B: 1.1 | \$311,645.00 | | \$0.50 100% of fair market value, up to any applicable statutory limit | Va. Code Ann. § 34-4 | |
| 29949 Sawmill Dr. Dagsboro, DE 19939 Sussex County | \$347,018.00 | • | \$0.50 | Va. Code Ann. § 34-4 | |
| Line from Schedule A/B: 1.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2017 Chevrolett Tahoe 46000 miles | \$42,700.00 | | \$0.50 | Va. Code Ann. § 34-4 | |
| Line IIom Schedule A.B. G.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2013 Forest River Sierra Travel Trl 5th Wheel | \$26,000.00 | • | \$0.50 | Va. Code Ann. § 34-4 | |
| Line from Schedule A/B: 4.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Household Goods (see attached list) | \$1,945.00 | | \$973.00 | Va. Code Ann. § 34-26(4a) | |
| Ellio Holli Goriodalo 7 V.D. Gri | | | 100% of fair market value, up to any applicable statutory limit | | |

Official Form 106C

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 22 of 72

| Brief description of the property and line on | Current value of the | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--|-----|---|------------------------------------|
| Schedule A/B that lists this property | portion you own Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Electronics (see attached list) Line from Schedule A/B: 7.1 | \$260.00 | - | \$130.00 | Va. Code Ann. § 34-26(4a) |
| Line nom Schedule A.B. 111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Camping and fishing equipment Line from Schedule A/B: 9.1 | \$150.00 | | \$75.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Pistol and Shotgun Line from Schedule A/B: 10.1 | \$400.00 | • | \$200.00 | Va. Code Ann. § 34-26(4b) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Wearing Apparel Line from Schedule A/B: 11.1 | \$400.00 | | \$200.00 | Va. Code Ann. § 34-26(4) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Earrings (2 sets), Necklace/Chains (2) Line from Schedule A/B: 12.1 | \$150.00 | | \$75.00 | Va. Code Ann. § 34-4 |
| Line Holli Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wedding Jewelry (2 rings) Line from Schedule A/B: 12.2 | \$200.00 | | \$100.00 | Va. Code Ann. § 34-26(1a) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Various ammunition Line from Schedule A/B: 14.1 | \$40.00 | | \$20.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16.1 | \$122.00 | | \$61.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: BB&T Line from Schedule A/B: 17.2 | \$3.80 | | \$1.90 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: NFCU Line from Schedule A/B: 17.6 | \$0.01 | | \$0.01 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: NFCU Line from Schedule A/B: 17.7 | \$5.00 | • | \$5.00 | Va. Code Ann. § 34-4 |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal (owed 2017): 2018 Tax Refunds | \$1.00 | | \$0.01 | Va. Code Ann. § 34-4 |
| Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 23 of 72

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|----------|---|-------------------------------------|--------|---|-----------------------|
| | | | Copy the value from Schedule A/B | Che | | |
| | • | wed 2017): 2018 Tax Refunds Schedule A/B: 28.2 | \$1.00 | | \$0.01 | Va. Code Ann. § 34-4 |
| | | 30.1034.10 70 2 1. 2012 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | earned but not yet paid Schedule A/B: 53.2 | \$100.00 | | \$75.00 | Va. Code Ann. § 34-29 |
| | Line nom | Schedule AVD. 33.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | _ | earned but not yet paid Schedule A/B: 53.2 | \$100.00 | | \$25.00 | Va. Code Ann. § 34-4 |
| | Line nom | Scriedule AVD. 33.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | | claiming a homestead exemption of adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustme | nt.) |
| | ■ No | | | | | |
| | ☐ Yes. | Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | | No | | | | |
| □ Yes | | | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main

| | | | | Page 24 | of 72 | | |
|-----------|-------------------------|------------------------------|---|---------------|--|--|--------------------------|
| Fill in t | this information | on to identify you | ır case: | | | | |
| Debtor | 1 k | Celly Francis M | andock | | | | |
| | | irst Name | | ast Name | | | |
| Debtor | | eanna Marie M | | | | | |
| (Spouse | if, filing) F | irst Name | Middle Name Li | ast Name | | | |
| United | States Bankru | ptcy Court for the: | EASTERN DISTRICT OF VIRGIN | Α | | | |
| Case n | number | | | | | | |
| (if known | | | | | | ☐ Check | if this is an |
| | | | | | | amend | led filing |
| Ott: ~: | al Farma 1 | 000 | | | | | |
| | al Form 1 | | | | _ | | |
| Sche | <u>edule D:</u> | Creditors | Who Have Claims Se | <u>cured</u> | by Propert | y | 12/15 |
| s neede | | | If two married people are filing together, out, number the entries, and attach it to t | | | | |
| 1. Do an | y creditors have | e claims secured by | y your property? | | | | |
| | No. Check this | box and submit tl | his form to the court with your other sch | nedules. Yo | u have nothing else t | o report on this form. | |
| | Yes. Fill in all | of the information | below. | | | | |
| Part 1: | List All Se | cured Claims | | | | | |
| | | | more than one secured claim, list the credito | r separately | Column A | Column B | Column C |
| for each | claim. If more t | han one creditor has | s a particular claim, list the other creditors in cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| ソコー | meriCredit/ | GM | Deceribe the meanage; that accorded the | alaim. | \$48,204.00 | \$42,700.00 | \$5,504.00 |
| | inancial reditor's Name | | Describe the property that secures the 2017 Chevrolett Tahoe 46000 n | | Ψ+0,204.00 | Ψ42,7 00.00 | ψ5,504.00 |
| | Tourist o Hamo | | 2017 Chevrolett Tanoe 46000 h | illes | | | |
| A | ttn: Bankru | ptcy | | | | | |
| Р | O Box 1838 | 53 | As of the date you file, the claim is: Che apply. | ck all that | | | |
| A | rlington, TX | 76096 | Contingent | | | | |
| N | umber, Street, City, | State & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| _ | wes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| | tor 1 only | | An agreement you made (such as mor | tgage or secu | ıred | | |
| _ | tor 2 only | 0 | car loan) Statutory lien (such as tax lien, mechal | nic's lien) | | | |
| _ | tor 1 and Debtor | ebtors and another | ☐ Judament lien from a lawsuit | iio 3 iieii) | | | |
| _ | ck if this claim | | ☐ Other (including a right to offset) | | | | |
| | nmunity debt | | | | | | |
| | | Opened 09/17 Last | | | | | |
| Date de | ebt was incurred | Active 1 10/18/18 | Last 4 digits of account number | 2901 | | | |
| | | | | | | | |
| | angley Fede | eral Credit | B | | \$42,276.00 | \$26,000.00 | \$16,276.00 |
| U | Inion reditor's Name | | Describe the property that secures the | | Ψ42,270.00 | Ψ20,000.00 | \$10,270.00 |
| 0 | reditor 3 reame | | 2013 Forest River Sierra Trave 5th Wheel | ıırı | | | |
| Α | ttn: Bankru | ptcy | As of the data was file the plainting of | 1 11 11 1 | | | |
| | 21 Lakefron | | As of the date you file, the claim is: Che apply. | ck all that | | | |
| N | lewport New | rs, VA 23606 | ☐ Contingent | | | | |
| N | umber, Street, City, | State & Zip Code | Unliquidated | | | | |
| Mb= =: | was the date? | Charlens | Disputed | | | | |
| _ | wes the debt? | спеск опе. | Nature of lien. Check all that apply. | | | | |
| | tor 1 only | | An agreement you made (such as mor car loan) | tgage or secu | ıred | | |
| | tor 2 only | | • | | | | |
| | tor 1 and Debtor | 2 only ebtors and another | ☐ Statutory lien (such as tax lien, mechal ☐ Judgment lien from a lawsuit | nic's lien) | | | |
| → At le | asi one of the de | ediois and another | Juagment lien from a lawsuit | | | | |

Official Form 106D

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 25 of 72

| Debtor 1 Kelly Francis Mandock | | Case number (if known) | | |
|---|--|------------------------|--------------|--------|
| First Name Middle N | | | | |
| Debtor 2 Leanna Marie Mandock First Name Middle N | | | | |
| That Name is | Lastivame | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 04/13 Last Active 8/17/18 | Last 4 digits of account number | 032 | | |
| 2.3 Mr. Cooper | Describe the property that secures the claim | \$302,212.00 | \$347,018.00 | \$0.00 |
| Creditor's Name | 29949 Sawmill Dr. Dagsboro, DE | Ψ302,212.00 | Ψοτι,στο.σσ | Ψ0.00 |
| Attn: Bankruptcy | 19939 Sussex County | | | |
| 8950 Cypress Waters | | | | |
| Blvd | As of the date you file, the claim is: Check all the apply. | nat | | |
| Coppell, TX 75019 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | en) | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 01/18 Last Active 8/03/18 | Last 4 digits of account number 6 | 111 | | |
| 2.4 South Shore Bank | Describe the property that secures the claim | \$305,257.00 | \$311,645.00 | \$0.00 |
| Creditor's Name | 5609 Earlton Ct. Virginia Beach, VA 23464 Virginia Beach Cit County | \ | | |
| Attn: Bankruptcy | As of the date you file, the claim is: Check all the | | | |
| PO Box 151 | apply. | | | |
| Weymouth, MA 02188 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | en) | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Opened 09/17 Last Active 9/10/18 | Last 4 digits of account number 2 | 139 | | |
| | | | | |
| Add the delles welve of the control of | Column A on this years Maite of the column | \$007.040 | 00 | |
| Add the dollar value of your entries in C If this is the last page of your form, add | Column A on this page. Write that number here: the dollar value totals from all pages. | | | |
| Write that number here: | and a summer summer pages. | \$697,949. | 00 | |
| | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 26 of 72

| Debtor 1 | Kelly Francis Mai | ndock | | Case number (if known) | |
|----------|------------------------|-------------|-----------|------------------------|--|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | 2 Leanna Marie Mandock | | | | |
| | First Name | Middle Name | Last Name | | |

trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Page 27 of 72 Document Fill in this information to identify your case: Debtor 1 **Kelly Francis Mandock** Middle Name Last Name Debtor 2 Leanna Marie Mandock (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known) Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2 List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 Last 4 digits of account number 5640 \$11,830.00 \$11,830.00 \$0.00 Priority Creditor's Name **Special Procedures** 12/31/17 When was the debt incurred? PO Box 10025 Richmond, VA 23240-0025 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ■ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes Income Tax

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 28 of 72

| | 2 Leanna Marie Mandock | | Case number (if known) | | | | |
|-----|--|---|--|-------------|--|--|--|
| 4.1 | Acredale Animal Hospital | Last 4 digits of account number | None | \$450.00 | | | |
| | Nonpriority Creditor's Name 1200 Lake James Dr, Virginia Beach, VA 23464 | When was the debt incurred? | 10/2008 | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Veterinatian | n Bill | | | | |
| 4.2 | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 3913 | \$16,022.00 | | | |
| | Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 10/17 Last Active 10/10/18 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | |
| | Yes | Other. Specify Credit Card | | | | | |
| 4.3 | Bank Of America | Last 4 digits of account number | 6006 | \$15,373.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 982238 El Paso, TX 79998 | When was the debt incurred? | Opened 12/14 Last Active 8/08/18 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | | |
| | ■ Debtor 1 only | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 29 of 72

| | Kelly Francis Mandock Leanna Marie Mandock | | Case number (if known) | | | |
|---|--|--|--|------------|--|--|
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 5970 | \$8,342.00 | | |
| | Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 07/03 Last Active 7/09/18 | | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7259 | \$3,289.00 | | |
| | Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 03/13 Last Active 8/04/18 | | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 3645 | \$1,104.00 | | |
| | Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 08/14 Last Active 7/12/18 | | | |
| - | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | □ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 30 of 72

| | 1 Kelly Francis Mandock 2 Leanna Marie Mandock | | Case number (if known) | |
|---|---|---|--|------------|
| | Citibank/Sears Nonpriority Creditor's Name | Last 4 digits of account number | 7189 | \$2,170.00 |
| | Attn: Bankruptcy PO Box 6275 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 05/14 Last Active 8/04/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc | | |
| | Citibank/The Home Depot | Last 4 digits of account number | 9736 | \$742.00 |
| | Nonpriority Creditor's Name Attn: Centralized Bankruptcy PO Box 790034 St Louis, MO 63179 | When was the debt incurred? | Opened 04/13 Last Active 8/04/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| | ☐ Debtor 1 only | | | |
| | ■ Debtor 2 only | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Charge Acc | count | |
| | Credit First National Assoc Nonpriority Creditor's Name | Last 4 digits of account number | 1916 | \$1,592.00 |
| | Attn: Bankruptcy PO Box 81315 Cleveland, OH 44181 | When was the debt incurred? | Opened 07/18 Last Active 8/30/18 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 31 of 72

| One all | | 4040 | 64 500 0 |
|--|--|--|-----------------|
| Credit First/Firestone Nonpriority Creditor's Name | Last 4 digits of account number | 1916 | \$1,592.0 |
| PO Box 81344 | When was the debt incurred? | Opened: Unknown | |
| Cleveland, OH 44188-0344 Number Street City State Zlp Code | As of the date you file, the claim i | e. Check all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан тат арру | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Credit Acco | punt | |
| Discover Financial | Last 4 digits of account number | 2182 | \$8,105.0 |
| Nonpriority Creditor's Name | _ | Opened 10/12 Leet Active | |
| PO Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 10/13 Last Active 8/05/18 | |
| Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | | |
| ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | | |
| LI TES | Other. Specify Orean Care | | |
| Langley Fed Credit Uni | Last 4 digits of account number | 3918 | \$10,066.0 |
| Nonpriority Creditor's Name 721 Lakefront Commons Newport News, VA 23612 | When was the debt incurred? | Opened 11/13 Last Active 9/26/18 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| la tha alaim auhiast ta sffast? | report as priority claims | | |
| Is the claim subject to offset? ■ No | Debts to pension or profit-sharin | a plans, and other similar debts | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 32 of 72

| | 1 Kelly Francis Mandock 2 Leanna Marie Mandock | | Case number (if known) | |
|----------|--|--|---|-------------|
| 4.1 | Merrick Bank/CardWorks | Last 4 digits of account number | 6770 | \$1,846.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 01/16 Last Active 8/05/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | , | |
| | ■ No □ Yes | Other. Specify Credit Card | | |
| 4.1 | Navy FCU | Last 4 digits of account number | 2414 | \$24,665.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 03/17 Last Active 8/17/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | 5 T | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 5 | Navy FCU Nonpriority Creditor's Name | Last 4 digits of account number | 2218 | \$18,601.00 |
| | Attn: Bankruptcy PO Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 04/17 Last Active 10/11/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 33 of 72

| | 1 Kelly Francis Mandock 2 Leanna Marie Mandock | | Case number (if known) | |
|-----|---|---|--|-----------------|
| 4.1 | Navy FCU | Last 4 digits of account number | 2165 | \$6,226.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Merrifield, VA 22119 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim i | Opened 06/17 Last Active 8/06/18 s: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Type of NONPRIORITY unsecured Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | | |
| 4.1 | Navy FCU | Last 4 digits of account number | 1449 | \$4,724.00 |
| 7 | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 10/17 Last Active 9/29/18 | ψ.,. <u>2</u> σ |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | |
| | □ Yes | Other. Specify Check Cred | 01 , | |
| 4.1 | Novy Fodoral Cradit Union | | 3557 | \$27.040.00 |
| 8 | Navy Federal Credit Union Nonpriority Creditor's Name Attn: Bankruptcy | Last 4 digits of account number | Opened 11/16 Last Active | \$37,049.00 |
| | PO Box 3000 Merrifield, VA 22119 | When was the debt incurred? | 9/29/18 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | l claim: | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured Student loans | a oiumi. | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Unsecured | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 34 of 72

| | | | . . |
|--|---|--|------------|
| PayPal Credit Ionpriority Creditor's Name | Last 4 digits of account number | 8352 | \$1,822.07 |
| PO Box 71202 Charlotte, NC 28272-1202 | When was the debt incurred? | Opened 5/2012 | |
| Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community lebt sthe claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| Resolve usa | Last 4 digits of account number | 3962 | \$695.00 |
| Nonpriority Creditor's Name PO Box 920247 | When was the debt incurred? | Opened 9/25/15 | |
| Norcross, GA 30010-0247 Jumber Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Vho incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community lebt sthe claim subject to offset? | _ | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Collecting 1 | for Ortho Sport and Spine | |
| Sears | Last 4 digits of account number | 7189 | \$2,170.49 |
| lonpriority Creditor's Name PO Box 78051 | When was the debt incurred? | Opened: 5/2015 | |
| Phoenix, AZ 85062-8051 Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| Check if this claim is for a community | ☐ Student loans | ration agreement or divorce that you did not | |
| lebt | | nation agreement of arrefee that you are not | |
| lebt s the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 35 of 72

| | r 1 Kelly Francis Mandock r 2 Leanna Marie Mandock | | Case number (if known) | | |
|-----|---|---|--|----------|--|
| 4.2 | Synchrony Bank/Amazon | Last 4 digits of account number | 3185 | \$754.00 | |
| | Nonpriority Creditor's Name PO Box 965015 Orlando, FL 32896 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.2 | Synchrony Bank/Walmart | Last 4 digits of account number | 3195 | \$415.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965060 | When was the debt incurred? | Opened 05/14 Last Active 8/06/17 | | |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | • • | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.2 | Tidewater Utilities, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 7074 | \$692.43 | |
| | Customer Serv. Center 1500 Ronson Rd. | When was the debt incurred? | Opened 9/16/15 | | |
| | Iselin, NJ 08830-3049 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify Utility Bill | | | |
| | 55 | - Other. Specify | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main

| Debto | r 1 Kelly Francis Mandock | Document Page 3 | 6 of 7 | 2 | | | |
|--|---|--|---------------|--------------|--------------------------|---|-------------------|
| | r 2 Leanna Marie Mandock | | Case nu | umber (if k | nown) | | |
| 4.2 5 | Wells Fargo Bank | Last 4 digits of account number | 2710 | | | | \$14,737.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 6429 Greenville, SC 29606 | When was the debt incurred? | Oper 7/23/ | | 3 Last Active | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check | call that ap | ply | t Active that you did not ebts 1 or 2. For example, if a collection agency collection agency here. Similarly, if you u do not have additional persons to be ity Unsecured Claims priority Unsecured Claims | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration ag | greement o | r divorce that you did n | iot | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | | and other s | similar debts | | |
| | Yes | Other. Specify Credit Card | | | | | |
| Part 3 | List Others to Be Notified About a De | bt That You Already Listed | | | | | |
| is try have | his page only if you have others to be notified a ring to collect from you for a debt you owe to so more than one creditor for any of the debts tha ied for any debts in Parts 1 or 2, do not fill out o | omeone else, list the original creditor in at you listed in Parts 1 or 2, list the addi | Parts 1 | or 2, then | list the collection ag | ency here. S | Similarly, if you |
| Name a | and Address | On which entry in Part 1 or Part 2 did you | list the o | riginal cred | litor? | | |
| | Sport and Spine | Line <u>4.20</u> of (<i>Check one</i>): | Part 1: | Creditors w | vith Priority Unsecured | Claims | |
| 2725 Ivy Hill Buford, GA 30519-7922 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | | Last 4 digits of account number | | | | | |
| Part 4 | Add the Amounts for Each Type of U | nsecured Claim | | | | | |
| | I the amounts of certain types of unsecured cla of unsecured claim. | ims. This information is for statistical re | eporting | purposes | only. 28 U.S.C. §159 | . Add the am | ounts for each |
| | | | | | Total Claim | | |
| | 6a. Domestic support obligation | s | 6a. | \$ | 0 | .00 | |

| | | | | | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 11,830.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 11,830.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 183,243.99 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 183,243.99 |
| | | | | 1 | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 37 of 72

| Fill in this infor | | | | | | |
|---|--------------------------------|--------------------|------------|----------------------|--|--|
| Debtor 1 | Debtor 1 Kelly Francis Mandock | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | F VIRGINIA | | | |
| Case number (if known) | | | | ☐ Check if this is a | | |
| , | | | | amended filing | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Keller Williams Real Estate
33012 Coastal Hwy
Bethany Beach, DE 19930

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main

| | | Documer | nt Page 38 c | of 72 | |
|--------------------|---|------------------------------|-----------------------|--|----|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Kelly Francis Mar | idock | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Leanna Marie Mai | ndock Middle Name | Last Name | | |
| (Spouse if, filing | 3 , | | | | |
| United Stat | es Bankruptcy Court for the: | EASTERN DISTRICT OF | VIRGINIA | | |
| Case numb | per | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Official | Form 106H | | | | |
| | ule H: Your Cod | obtore | | 40/45 | |
| Scried | ule n. Your Cou | entors | | 12/15 | _ |
| our name | nd number the entries in the and case number (if known) you have any codebtors? (If) | Answer every question. | - | to this page. On the top of any Additional Pages, write as a codebtor. | |
| ■ No | | | | | |
| ■ No □ Yes | | | | | |
| — 103 | | | | | |
| | in the last 8 years, have you a, California, Idaho, Louisiana, | | | ry? (Community property states and territories include nington, and Wisconsin.) | |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes. | Did your spouse, former spou | se, or legal equivalent live | with you at the time? | | |
| | | | | | |
| in line Form 1 | 2 again as a codebtor only if | that person is a guarante | or or cosigner. Make | r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offici 06G). Use Schedule D, Schedule E/F, or Schedule G to | al |
| - | Column 1: Your codebtor lame, Number, Street, City, State and Zl | P Code | | Column 2: The creditor to whom you owe the debtached all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| <u> </u> | Number Street | | | _ | |
| C | City | State | ZIP Code | | |
| | | | | | _ |
| 3.2 | Jomo | | | Schedule D, line | |
| r | Name | | | ☐ Schedule E/F, line | |
| _ | | | | — Scriedule G, line | |
| N | Number Street | | | | |

State

City

ZIP Code

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 39 of 72

| Fill | in this information to identify your o | case: | | | | | | | |
|---------------|---|---|---------------------------------|-----------|------|--|-----------------------|-------------------------------------|---------|
| Deb | otor 1 Kelly Franc | is Mandock | | | _ | | | | |
| | otor 2 Leanna Mar use, if filing) | rie Mandock | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | e: EASTERN DISTRICT | OF VIRGINIA | | _ | | | | |
| (If kn | se number | | - | | | | ed filing ent show | ing postpetition following date: | |
| | fficial Form 106l | | | | | MM / DD/ Y | YYYY | | |
| So | chedule I: Your Inc | ome | | | | | | | 12/15 |
| spoi atta | plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. Describe Employment Fill in your employment information. | ur spouse is not filing w On the top of any additi | ith you, do not incl | ude infor | mati | on about your spo I case number (if | ouse. If r known). | nore space is | needed, |
| | If you have more than one job, | | Employment status Mot employed | | | ■ Empl | | ······g opouco | |
| | attach a separate page with information about additional employers. | Employment status | | | | ☐ Not employed Food Service | | | |
| | Include part-time, seasonal, or | Occupation | | | | Food S | ervice | | |
| | self-employed work. | Employer's name | | | | Toco B | ell | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | en Pkwy n, VA 23452 | |
| | | How long employed t | here? | | | | 2 wks | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | |
| spou If yo | mate monthly income as of the cuse unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to | late you file this form. If | , | · | | | · | · | J |
| IIIOIE | e space, allacii a separale sneet li | o uns totti. | | | | For Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | 1,772.20 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$_ | 0.00 | |
| 4. | Calculate gross Income. Add I | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | 1,772.20 | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 40 of 72

| | tor 1 tor 2 | Leanna Marie Mandock | _ | C | Case number (if kr | nown) | | | | |
|-----|-----------------------|--|----------|----------------|--------------------|--------------|------------|--------------------------------|-----------------------|----|
| | | | | | For Debtor 1 | | | r Debtor 2 or n-filing spou | | |
| | Cop | by line 4 here | 4. | | \$ (| 0.00 | \$ | 1,772 | | |
| _ | Liet | | | | | | _ | , | | |
| 5. | | all payroll deductions: | _ | | | | • | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | | 0.00 | \$_ | | 0.16 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | | 0.00 | \$_ | | 0.00 | |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c 5d | | : ` | 0.00 | * * | | 0.00 | |
| | 5u. 5e. | Insurance | 5u 5e | | : — <u> </u> | 0.00 0.00 | φ_ | |).00).00 | |
| | 5f. | Domestic support obligations | 5f. | | · — | 0.00 | Ψ_ | |).00).00 | |
| | 5g. | Union dues | 5g | | · | 0.00 | Ψ- | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h | | | 0.00 | + \$ | | 0.00 | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | · | 0.00 | \$ | |).16 | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | ` | | * | | | |
| 8. | List | all other income regularly received: | 7. | | Φ | 0.00 | Φ_ | 1,463 | .04 | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | | | _ | | | | | |
| | 01 | monthly net income. | 8a | | . — | 0.00 | \$_ | | 0.00 | |
| | 8b. | Interest and dividends | 8b |). | \$ | 0.00 | \$_ | U | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | IL | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | | | | |
| | | settlement, and property settlement. | 8c | :. | \$ (| 0.00 | \$ | 0 | 0.00 | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | 0.00 | \$ | 0 | 0.00 | |
| | 8e. | Social Security | 8e |) . | \$ | 0.00 | \$ | 0 | 0.00 | |
| | 8f. | Other government assistance that you regularly receive | | | | | | | | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | Эе | | | | | | | |
| | | Specify: Unemployment | 8f. | | \$ 1,473 | 3.00 | \$ | 0 | 0.00 | |
| | 8g. | Pension or retirement income | 8g | J. | \$ (| 0.00 | \$ | 0 | 0.00 | |
| | 8h. | Other monthly income. Specify: Second Job at Pizza Hut | 8h | 1.+ | \$ | 0.00 | + \$_ | 895 | 5.00 | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,073 | 3.00 | \$_ | 89 | 5.00 | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,073.00 | + \$ | | 358.04 = \$ | 4.431.0 | |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | 2,073.00 | Τ Ψ | | ,336.04 | 4,431. | J4 |
| 11 | | te all other regular contributions to the expenses that you list in <i>Schedul</i> | L 0 | | | <u> </u> | | | | |
| | Incli othe Do i | ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify: | ır depe | | | | | | 0.0 | 00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The re | | | | | | э. | | |
| | Writ app | te that amount on the Summary of Schedules and Statistical Summary of Certallies | aın Lia | bilit | es and Related | t Dat | a, ıf it | 12. \$ | 4,431.0 | 04 |
| | | | | | | | | | mbined nthly incom | _ |
| 13. | Do : | you expect an increase or decrease within the year after you file this form | m? | | | | | 1110 | many mooni | G. |
| | | No. Yes. Explain: Co-debtor just started working at Toco Bell and | I D: | | | | 4 4 la = 4 | lamily last | | |
| | ш | Yes. Explain: Co-debtor just started working at Toco Bell and | ı PIZZ | aН | ut to supplei | nen | t the 1 | amily incol | me. | |

| Yes. Explain: | Co-debtor just started working at Toco Bell and Pizza Hut to supplement the family Income |
|---------------|---|
| | Debtor's daughter and her three children lives with them and contributes \$600 per month. |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this informa | ation to identify yo | our case: | | | l | | | |
|------------|--|---|-------------------------|---|--|----------------------------------|-------------------------------|---------------------|---|
| | otor 1 | Kelly Francis | | N. | | Ch | eck if this is: | | |
| | | Relly Francis | Sivialiuou | ,n | | | An amende | ed filing | |
| | otor 2 ouse, if filing) | Leanna Mari | e Mando | ck | | | | | ving postpetition chapter the following date: |
| | , | | | | | | | | |
| Unit | ed States Bankı | ruptcy Court for the | : EASTE | RN DISTRICT OF VIRGIN | IA | | MM / DD / | YYYY | |
| | e number nown) | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your l | Expen | ises | | | | | 12/1 |
| Be info | as complete ormation. If m | and accurate as | possible. eded, atta | If two married people ar ch another sheet to this | | | | | |
| Par | | ribe Your House | hold | | | | | | |
| 1. | Is this a joir | | | | | | | | |
| | _ | es Debtor 2 live i | in a separa | ate household? | | | | | |
| | ■ N | | | | | | | | |
| | | | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | ebtor 2. | | |
| 2. | Do you hav | e dependents? | ■ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Depend age | ent's | Does dependent live with you? |
| | Do not state dependents | | | | | | | | □ No □ Yes |
| | aoponaomo | namoo. | | | | | | | □ No |
| | | | | | | | | | Yes |
| | | | | | | | | | □ No □ Yes |
| | | | | | | | | | □ No |
| 2 | D | | _ | | | | | | ☐ Yes |
| 3. | expenses o | penses include If people other the d your depende | han 👝 | No Yes | | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Monthi | y Expenses | | | | | |
| exp | imate your ex enses as of a blicable date. | xpenses as of yo a date after the b | our bankru bankruptc | uptcy filing date unless y y is filed. If this is a supp | ou are using this followed are using the following the second sec | orm as a s e <i>J</i> , check | supplement i the box at th | n a Cha ne top o | apter 13 case to report f the form and fill in the |
| the | | h assistance and | | government assistance i luded it on <i>Schedule I:</i> \ | | | Yo | our expe | enses |
| • | | , | | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | | 1,300.00 |
| | If not includ | ded in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 |
| | 4b. Prope | erty, homeowner's | | | | 4b. | \$ | | 0.00 |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. 4d. | · | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4u. 5. | | | 0.00 |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 42 of 72

| Debtor 1 Debtor 2 | • | rancis Mandock Marie Mandock | Case num | ber (if known) | | |
|--|----------------|--|--------------|----------------|--------------------------|--|
| 6. Util | ilities: | | | | | |
| 6a. | | y, heat, natural gas | 6a. | \$ | 200.00 | |
| 6b. | . Water, se | ewer, garbage collection | 6b. | \$ | 135.00 | |
| 6c. | . Telephon | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | 265.00 | |
| 6d. | . Other. Sp | pecify: | 6d. | \$ | 0.00 | |
| 7. Fo c | od and hous | sekeeping supplies | 7. | \$ | 700.00 | |
| 8. Ch i | ildcare and | children's education costs | 8. | \$ | 0.00 | |
| 9. Clo | othing, laune | dry, and dry cleaning | 9. | \$ | 120.00 | |
| | | products and services | 10. | \$ | 60.00 | |
| | | ental expenses | 11. | \$ | 20.00 | |
| 2. Transportation. Include gas, maintenance, bus or train fare. | | | | | | |
| | | car payments. | 12. | · | 250.00 | |
| | | , clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 | |
| | | tributions and religious donations | 14. | \$ | 0.00 | |
| - | surance. | | | | | |
| | | insurance deducted from your pay or included in lines 4 or 20. | 4.5 | • | | |
| | a. Life insur | | 15a. | · | 0.00 | |
| | b. Health in: | | 15b. | · | 0.00 | |
| | c. Vehicle ir | | 15c. | · | 74.37 | |
| | | surance. Specify: | 15d. | \$ | 0.00 | |
| Spe | ecify: Pers | nclude taxes deducted from your pay or included in lines 4 or 20. conal Property Tax | 16. | \$ | 97.50 | |
| | | lease payments: | 47- | ¢ | 0.17.00 | |
| | | nents for Vehicle 1 | 17a. | · | 817.00 | |
| | | nents for Vehicle 2 | 17b. | · | 0.00 | |
| | c. Other. Sp | | 17c. | \$ | 0.00 | |
| | d. Other. Sp | | 17d. | \$ | 0.00 | |
| | | s of alimony, maintenance, and support that you did not report your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106 | | \$ | 0.00 | |
| | | ts you make to support others who do not live with you. | | \$ | 0.00 | |
| | ecify: | to you make to support others who do not live with you. | 19. | Ψ | 0.00 | |
| | | perty expenses not included in lines 4 or 5 of this form or on So | | our Income | | |
| | | es on other property | 20a. | | 0.00 | |
| | b. Real esta | | 20b. | · · · ———— | 0.00 | |
| | | homeowner's, or renter's insurance | 20c. | · | 0.00 | |
| | | ince, repair, and upkeep expenses | 20d. | | 0.00 | |
| | | ner's association or condominium dues | 20e. | · | 0.00 | |
| | her: Specify: | | 21. | * | 220.00 | |
| i. Oti | ner. Specify. | 5 % Contingency | | ΤΨ | 220.00 | |
| Cal | lculate your | monthly expenses | | | | |
| 22a | a. Add lines 4 | 4 through 21. | | \$ | 4,408.87 | |
| 22b | b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- | 2 | \$ | | |
| 220 | c. Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 4,408.87 | |
| 3 C ~I | lculate vers | monthly net income. | | | | |
| | - | e 12 (your combined monthly income) from Schedule I. | 23a. | ¢ | A A24 DA | |
| | | ur monthly expenses from line 22c above. | 23a. 23b. | · | 4,431.04 | |
| 230 | ь. Сору уос | a monuny expenses nominate 220 above. | ۷۵۵. | -ψ | 4,408.87 | |
| 230 | | your monthly expenses from your monthly income. It is your <i>monthly net income</i> . | 23c. | \$ | 22.17 | |
| For mod | example, do y | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect ye terms of your mortgage? | | | or decrease because of a | |
| | Yes. | Explain here: Debtors are surrendering their home and t | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 43 of 72

| Fill in this inform | mation to identify your | case: | | | |
|---------------------|--|--------------------------|--|---|-------|
| Debtor 1 | Kelly Francis Mai | ndock | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Leanna Marie Ma | ndock | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Official Forn | n 106Doc | | | | |
| | - | n Individual | Dobtor's Sobod | lulos | |
| Declarat | ion About a | in inaiviauai | Debtor's Sched | lules | 12/15 |
| , | 8 U.S.C. §§ 152, 1341, 1 n Below | 0.0, a 00 | | | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out bankrupt | tcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | Attach Bankruptcy Petition Preparer's No | tice. |
| | | | | Declaration, and Signature (Official Form | |
| | Ity of perjury, I declare e true and correct. | that I have read the sum | mary and schedules filed with th | this declaration and | |
| | ly Francis Mandock | | X /s/ Leanna Marie I | | |
| | Francis Mandock re of Debtor 1 | | Leanna Marie Mar Signature of Debtor 2 | | |
| Date (| October 29, 2018 | | Date October 29 | 9, 2018 | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 44 of 72

| | | nation to identify your | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------|---|---------------------------------|-------------------------------------|
| Deb | tor 1 | Kelly Francis Ma | Indock Middle Name | Last Name | | |
| Deb | tor 2 | Leanna Marie Ma | | 2001 (1011) | | |
| (Spou | se if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF | VIRGINIA | | |
| Cas | e number | | | | | |
| (if kno | own) | | | | | heck if this is an mended filing |
| | | | | | | · · |
| Off | icial Fo | rm 107 | | | | |
| | | - | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| Be as | s complete a | nd accurate as possi | ble. If two married people a | are filing together, both are | equally responsible for supp | olying correct |
| infor | mation. If m | | attach a separate sheet to | | additional pages, write you | |
| | <u> </u> | , | | . I had Batan | | |
| Part | - | | rital Status and Where You | I Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | MarriedNot mar | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ Na | | | | | |
| | ■ No □ Yes. Lis | t all of the places you li | ved in the last 3 years. Do no | ot include where you live now | '. | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| 3 | Within the la | st 8 years, did you ey | ver live with a snouse or lea | ral equivalent in a commun | ity property state or territory | ? (Community property |
| | | | | | co, Texas, Washington and W | |
| | ■ No | | | | | |
| | _ | ke sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Dow | 2 Eveloi: | n the Courses of Vou | r Incomo | | | |
| Part | Explai | n the Sources of You | rincome | | | |
| | Fill in the tota | I amount of income you | u received from all jobs and a | ng a business during this ye all businesses, including part- e together, list it only once un | | idar years? |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| the date you flied for pankflibtch. | | ■ Wages, commissions, bonuses, tips | \$114,959.00 | ■ Wages, commissions, bonuses, tips | \$640.00 | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 45 of 72

| Debtor : | 2 Le | anna Marie | Mandock | Case number (if known) | | | | | |
|--|-----------------|-------------------------------|-------------------------------------|--|--|---|---|--|--|
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| For last calendar year: (January 1 to December 31, 2017) | | l, 2017) | ■ Wages, commissions, bonuses, tips | \$146,307.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | | |
| | | | | ☐ Operating a business | | ☐ Operating a business | | | |
| | | dar year befo December 31 | | ■ Wages, commissions, bonuses, tips | \$163,497.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | |
| | | | | ☐ Operating a business | | ☐ Operating a business | | | |
| ■ | No | Fill in the deta | | · | | | | | |
| win List | nings. I | If you are filing | g a joint cas | e and you have income, life e and you have income that | you received together, list it | · | a gambling and lottery | | |
| | 100. | This is the dete | ano. | Debtor 1 Sources of income | Gross income from | Debtor 2 Sources of income | Gross income | | |
| | | | | Describe below. | each source (before deductions and exclusions) | Describe below. | (before deductions and exclusions) | | |
| | | 1 of current iled for bank | | Unemployment | \$1,020.00 | | | | |
| | o you . | | . иртоў. | | | | | | |
| Part 3: | List | Certain Payı | ments You | Made Before You Filed for | Bankruptcy | | | | |
| 6. Are | e either No. | Neither Deb | tor 1 nor D | s debts primarily consume ebtor 2 has primarily consi personal, family, or househo | umer debts. Consumer debi | s are defined in 11 U.S.C. § 10 | 1(8) as "incurred by an | | |
| | | - ~ | 0 days befo Go to line 7 | re you filed for bankruptcy, d | id you pay any creditor a tota | al of \$6,425* or more? | | | |
| | | | paid that cre | editor. Do not include payme payments to an attorney for t | nts for domestic support obliq his bankruptcy case. | in one or more payments and t gations, such as child support a | ınd alimony. Also, do | | |
| • | Yes. | Debtor 1 or | Debtor 2 o | r both have primarily consu | umer debts. | or after the date of adjustment | | | |
| | | J | U days befo | re you filed for bankruptcy, d | id you pay any creditor a tota | al of \$600 or more? | | | |
| | | | Go to line 7 | | | | | | |
| | | | include payı | | | d the total amount you paid tha port and alimony. Also, do not i | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Debtor 1 Kelly Francis Mandock

| Debtor 2 Leanna Marie Mandock Case number (if known) | | | | | | | | |
|--|--|--|--|---|---|--|--|--|
| | Creditor's Name and Address | Dates of payment | Total amount | Amount you | Was this pa | yment for | | |
| | GM Financial PO Box 181145 Arlington, TX 76096 | 8/19, 9/19 & 10/19/18 | paid \$2,451.00 | still owe \$48,204.00 | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | rd payment | | |
| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony. | rtners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | l partner; corporation gent, including one fo | | |
| | ☐ Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider | | ments or transfer a | any property on a | ccount of a de | bt that benefited an | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include credi | this payment itor's name | | |
| Do | rt 4: Identify Legal Actions, Repossession | a and Faraslasuras | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | y, were you a party in an | | | | | | |
| | Case title Case number | Nature of the case | he case Court or agency | | | Status of the case | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | erty repossessed, f | oreclosed, garnis | hed, attached | , seized, or levied? | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the | | |
| | | Explain what happened | I | | | property | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No Yes. Fill in the details. | | luding a bank or fii | nancial institution | , set off any a | mounts from your | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date : | action was | Amount | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an □ No □ Yes | | erty in the possess | | | fit of creditors, a | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 47 of 72

| | btor 1 Kelly Francis Mandock Leanna Marie Mandock | Case number | (if known) | | | | | | |
|-----|---|---|---|---------------------------|--|--|--|--|--|
| Par | tt 5: List Certain Gifts and Contributions | | | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | y, did you give any gifts with a total value of more to Describe the gifts | han \$600 per person Dates you gave the gifts | ? Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | | 3 | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value | | | | | |
| Par | rt 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or gambling? ■ No □ Yes. Fill in the details. | or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster | | | | | |
| | how the loss occurred Inclu | cribe any insurance coverage for the loss and the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | |
| Par | t 7: List Certain Payments or Transfers | | | | | | | | |
| 16. | consulted about seeking bankruptcy or prepa | did you or anyone else acting on your behalf pay or aring a bankruptcy petition? rers, or credit counseling agencies for services require | | rty to anyone you | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Access Counseling, Inc 633 W. 5th St. Suite 26001 Los Angeles, CA 90071 accessbk.org N/a | Debt Card | 9/18 | \$8.95 | | | | | |
| | Kenneth A. Moreno, PLLC 1553 S. Military Hwy, Suite 100 Chesapeake, VA 23320 kamoreno@msn.com | Attorney Fees | \$1,250 atty fee, \$335 filing fee, \$27 recording fee, \$66 credit report | \$1,678.00 | | | | | |

Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Case 18-73816-FJS Doc 1 Page 48 of 72 Document Debtor 1 **Kelly Francis Mandock** Debtor 2 Leanna Marie Mandock Case number (if known) 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred payments received or debts Address made paid in exchange Person's relationship to you 2012 Dodge Ram 3500 \$22,000 8/18 CarMax 3801 Bonney Road Virginia Beach, VA 23452 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance account number instrument closed, sold, before closing or Address (Number, Street, City, State and ZIP Code) moved, or transfer transferred **NMA Federal Credit Union** XXXX-8564 \$5.00 ☐ Checking 9/18 4920 Holland Rd Savings Virginia Beach, VA 23455 ■ Money Market ☐ Brokerage Other

Wells Fargo

905 Kempsville Rd.

Virginia Beach, VA 23464

Checking

☐ Money Market☐ Brokerage☐ Other

□ Savings

10/3/18

XXXX-9966

\$0.60

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 49 of 72

Debtor 1 Kelly Francis Mandock
Debtor 2 Leanna Marie Mandock

Case number (if known)

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | |
|-----|--|---|--------------------------------------|-----------------------|--|--|--|--|
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| 22. | Have you stored property in a storage unit or pl | ace other than your home within 1 | year before you filed for bankruptcy | ? | | | | |
| | □ No ■ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| | Extra Space 1425 Kempsville Rd Virginia Beach, VA 23464 | Debtors only | Household Goods | ■ No □ Yes | | | | |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
| 23. | Do you hold or control any property that someofor someone. | ne else owns? Include any propert | y you borrowed from, are storing for | r, or hold in trust | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | t 10: Give Details About Environmental Informa | ation | | | | | | |
| or | the purpose of Part 10, the following definitions | apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | ir, land, soil, surface water, ground | - • | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | aw, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s | | waste, hazardous substance, toxic s | substance, | | | | |
| ₹ер | ort all notices, releases, and proceedings that yo | ou know about, regardless of when | they occurred. | | | | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liable | under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| | | | | | | | | |

Entered 10/29/18 17:14:19 Desc Main Case 18-73816-FJS Doc 1 Filed 10/29/18 Page 50 of 72 Document Debtor 1 **Kelly Francis Mandock** Debtor 2 **Leanna Marie Mandock** Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Leanna Marie Mandock /s/ Kelly Francis Mandock **Kelly Francis Mandock** Leanna Marie Mandock Signature of Debtor 1 Signature of Debtor 2 Date October 29, 2018 Date October 29, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Page 51 of 72 Document

| Fill in this infor | rmation to identify your o | ase: | | | | | |
|---|--|--|---|---|--|--|--|
| Debtor 1 | Kelly Francis Man | Kelly Francis Mandock | | | | | |
| Dahtano | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) | Leanna Marie Mar First Name | Middle Name | Last Name | | | | |
| | sankruptcy Court for the: | EASTERN DISTR | RICT OF VIRGINIA | | | | |
| | , , | | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | | | |
| Official Fo | orm 108 | | | | | | |
| Stateme | nt of Intentio | n for Indiv | iduals Filing Under Chap | oter 7 12/15 | | | |
| you have lea You must file th which on the If two married p sign a Be as complete write y | ever is earlier, unless the form people are filing together and date the form. | or property, or and the lease has not thin 30 days after excourt extends the in a joint case, bother. If more space is | | the creditors and lessors you list | | | |
| | Your Creditors Who Have itors that you listed in Pa | | D: Creditors Who Have Claims Secured by Prop | erty (Official Form 106D), fill in the | | | |
| information b | pelow. reditor and the property th | at is collateral | What do you intend to do with the property t secures a debt? | hat Did you claim the property as exempt on Schedule C? | | | |
| Creditor's | AmeriCredit/GM Finan | cial | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No | | | |
| Description o property securing debt | miles | hoe 46000 | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes | | | |
| Creditor's I | Langley Federal Credi | t Union | Surrender the property. | □No | | | |
| Description o property securing debt | Trl | Sierra Travel | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes | | | |
| Creditor's I | Mr. Cooper | | ■ Surrender the property. □ Retain the property and redeem it. | □ No | | | |
| - | | | Retain the property and enter into a | ■ Yes | | | |

Official Form 108

property

Statement of Intention for Individuals Filing Under Chapter 7

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Description of 29949 Sawmill Dr. Dagsboro,

DE 19939 Sussex County

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 52 of 72

| Debtor 1 Kelly Francis Mandock Debtor 2 Leanna Marie Mandock | | | Case number (if known) | | | | |
|--|--|--|--|---|-------------------------------------|--|--|
| securi | ng debt: | | | | | | |
| proper | ption of 56 | h Shore Bank 609 Earlton Ct. Virginia Beach, A 23464 Virginia Beach Cit ounty | ■ Surrender the pro □ Retain the proper □ Retain the proper Reaffirmation Ag □ Retain the proper | ty and redeem it. y and enter into a reement. | □ No ■ Yes | | |
| in the info You may | inexpired pe ormation be assume an | low. Do not list real estate leases. Ur unexpired personal property lease if | nexpired leases are lea | ses that are still in effe | | | |
| Describe | e your unex | pired personal property leases | | | Will the lease be assumed? | | |
| Lessor's | name: | Keller Williams Real Estate | | | ■ No | | |
| Descripti | on of leased | Listing Agreement | | | ☐ Yes | | |
| Property: Part 3: | Sign Belov | | | | | | |
| Under pe | nalty of per | jury, I declare that I have indicated m ect to an unexpired lease. | y intention about any p | property of my estate th | nat secures a debt and any personal | | |
| X /s/ | Kelly Franc | cis Mandock | X _/s/ Le | eanna Marie Mandoc | k | | |
| Kelly Francis Mandock Signature of Debtor 1 | | | na Marie Mandock ture of Debtor 2 | | | | |
| Date | e Octo | ber 29, 2018 | Date | October 29, 2018 | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 53 of 72
United States Bankruptcy Court
Eastern District of Virginia

| In re | Kelly Francis Mandock Leanna Marie Mandock | | Case No. | |
|-------|---|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR | | | | | | |
|----|---|--|--|--|--|--|--|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and tha compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept \$ 1,250.00 | | | | | | |
| | Prior to the filing of this statement I have received \$ 1,250.00 | | | | | | |
| | Balance Due | | | | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify) | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | $\blacksquare \text{Debtor} \Box \text{Other} \left(specify \right)$ | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Other provisions as needed: | | | | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. | | | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 54 of 72

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| October 29, 2018 | /s/ Kenneth A. Moreno |
|------------------|------------------------------------|
| Date | Kenneth A. Moreno 37686 |
| | Signature of Attorney |
| | Kenneth A. Moreno, PLLC |
| | Name of Law Firm |
| | 1553 S. Military Hwy, Suite 100 |
| | Chesapeake, VA 23320 |
| | (757) 486-1938 Fax: (757) 486-0265 |

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223 (For all Cases Filed on or after 01/01/2018)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

| PROOF | F OF SERVICE |
|-------|--|
| , | regoing Notice was served upon the debtor(s), the standing Chapter 13 trustee the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class |
| Date | Signature of Attorney |

| Fill in this infor | mation to identify your case: | | Ch | eck o | ne box only as d | rected in | this form and | in Form |
|--|---|--|--------------------------------------|-------------------|--|------------------------------|------------------------------------|---------------------------------|
| Debtor 1 | Kelly Francis Mandock | | 122 | 2A-1S | upp: | | | |
| Debtor 2 (Spouse, if filing) | Leanna Marie Mandock | | | □ 1. · | There is no presi | umption o | of abuse | |
| United States E | Bankruptcy Court for the: Eastern District of V | /irginia | ' | 2 . | The calculation to applies will be m Calculation (Offi | nade unde | er <i>Chapter 7 N</i> | |
| Case number (if known) | | | _ | | The Means Test qualified military | does not | apply now be | |
| | | | | | neck if this is a | | • | pry later. |
| Official F | orm 122A - 1 | | | _ 0. | icon ii tiilo io a | amene | ica illing | |
| | 7 Statement of Your Cur | rent Mor | nthly Inc | om | le | | | 12/1 |
| | | | | | | | | |
| attach a separate case number (if I qualifying militar | and accurate as possible. If two married people at sheet to this form. Include the line number to wl known). If you believe that you are exempted from y service, complete and file Statement of Exempt | nich the addition a presumption | nal information a of abuse becau | applies se you | s. On the top of ar | ny addition narily cons | nal pages, write sumer debts o | e your name and r because of |
| Part 1: Ca | Iculate Your Current Monthly Income | | | | | | | |
| | our marital and filing status? Check one onl | y. | | | | | | |
| ☐ Not m | arried. Fill out Column A, lines 2-11. | | | | | | | |
| ■ Marrie | d and your spouse is filing with you. Fill our | both Columns | A and B, lines | 2-11. | | | | |
| ☐ Marrie | d and your spouse is NOT filing with you. Y | ou and your s | pouse are: | | | | | |
| ☐ Livi | ng in the same household and are not legal | ly separated. F | Fill out both Co | lumns | A and B, lines 2 | 11. | | |
| per | ng separately or are legally separated. Fill o alty of perjury that you and your spouse are le ng apart for reasons that do not include evading | gally separated | l under nonban | krupt | cy law that applie | es or that | , | |
| 101(10A). For the 6 months, | erage monthly income that you received from all sexample, if you are filing on September 15, the 6-month add the income for all 6 months and divide the total lethe same rental property, put the income from that property. | onth period would by 6. Fill in the res | be March 1 throusult. Do not include | ugh Au de any | gust 31. If the amo income amount me | ount of your ore than or | r monthly incom nce. For exampl | e varied during le, if both |
| | | | | Colu Debi | mn A t or 1 | Column Debtor non-fili | | |
| Your grospayroll de | ss wages, salary, tips, bonuses, overtime, a ductions). | nd commissio | ons (before all | \$ | 10,413.00 | \$ | 0.00 | |
| | and maintenance payments. Do not include price is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 | |
| of you or from an u and room | nts from any source which are regularly par your dependents, including child support. nmarried partner, members of your household, mates. Include regular contributions from a spo o not include payments you listed on line 3. | Include regular your depender | contributions nts, parents, | \$ | 0.00 | \$ | 0.00 | |
| | ne from operating a business, profession, o | r farm | | | | | | |
| | | | tor 1 | | | | | |
| | eipts (before all deductions) | \$0.00 | | | | | | |
| • | and necessary operating expenses | -\$ 0.00 | Cany have | ¢. | 0.00 | c | 0.00 | |
| | nly income from a business, profession, or farn | 1\$ | Copy here -> | » — | 0.00 | \$ | <u> </u> | |
| б. Net incor | ne from rental and other real property | Deh | tor 1 | | | | | |
| Gross roo | eipts (before all deductions) | \$ 0.00 | | | | | | |
| | and necessary operating expenses | -\$ 0.00 | | | | | | |
| • | nly income from rental or other real property | · | Copy here -> | \$ | 0.00 | \$ | 0.00 | |
| | dividends, and royalties | * | | \$ | 0.00 | \$ | 0.00 | |
| | | | | | | | | |

Official Form 122A-1

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 56 of 72

Kelly Francis Mandock Debtor 1 **Leanna Marie Mandock** Debtor 2 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 1,020.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 10,413.00 \$ 0.00 \$ 10,413.00 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 10,413.00 Multiply by 12 (the number of months in a year) x 12 124,956.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: VA Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 74,299.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Kelly Francis Mandock X /s/ Leanna Marie Mandock **Kelly Francis Mandock Leanna Marie Mandock** Signature of Debtor 1 Signature of Debtor 2 Date October 29, 2018 Date October 29, 2018

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

MM / DD / YYYY

MM / DD / YYYY

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 57 of 72

| | I in this information to identify your case: | Check the appropriate box as directed in lines 40 or 42: |
|--------------|---|---|
| Det | btor 1 Kelly Francis Mandock | |
| Deb | btor 2 Leanna Marie Mandock | According to the calculations required by this Statement: |
| (Sp | pouse, if filing) | ☐ 1. There is no presumption of abuse. |
| Uni | ited States Bankruptcy Court for the: Eastern District of Virginia | _ |
| Cas | se number | 2. There is a presumption of abuse. |
| (if k | known) | |
| Ω (| #:-:-I F 400A 0 | ☐ Check if this is an amended filing |
| | fficial Form 122A - 2 | |
| Cr | hapter 7 Means Test Calculation | 04/10 |
| To f | fill out this form, you will need your completed copy of Chapter 7 States | ment of Your Current Monthly Income (Official Form 122A-1). |
| spac addi | as complete and accurate as possible. If two married people are filing to the isneeded, attach a separate sheet to this form, Include the line number (if known). The complete and accurate as possible. If two married people are filing to the complete in | |
| 1. | Copy your total current monthly income. Copy line 11 | 1 from Official Form 122A-1 here=> \$ 10,413.00 |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? | |
| | □ No. Fill in \$0 for the total on line 3. | |
| | ■ Yes. Is your spouse Filing with you? | |
| | ☐ No. Go to line 3. | |
| | Yes. Fill in \$0 for the total on line 3. | |
| 3. | Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps: | spouse's income not used to pay for the |
| | On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? | u reported for your spouse NOT regularly used for the household |
| | ■ No. Fill in 0 for the total on line 3. | |
| | ☐ Yes. Fill in the information below: | |
| | State each purpose for which the income was used | Fill in the amount you |
| | For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | are subtracting from your spouse's income |
| | | \$ |
| | | \$ |
| | | |
| | | \$ |
| | Total. | \$\$ |
| | | Convitotal here—> |

Official Form 122A-2

Adjust your current monthly income. Subtract line 3 from line 1.

10,413.00

\$

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 58 of 72

| Debtor 1 | Kelly Francis Mandock | | |
|----------|-----------------------|------------------------|--|
| | Leanna Marie Mandock | Case number (if known) | |
| | | | |

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,202.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 52
- 7b. Number of people who are under 65 X 2
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 104.00 Copy here=> \$ 104.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X **0**
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00
- 7g. Total. Add line 7c and line 7f
 \$ 104.00
 Copy total here=>
 \$ 104.00

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 59 of 72

Debtor 1 Leanna Marie Mandock

Case number (if known)

| Loc | cal St | andards | You must | use the IRS | Local Standard | ls to ansv | ver the ques | tions in line | es 8-15. | | | | |
|-----|---|------------|---------------------------|--|--|--------------------------|-----------------------------|-----------------|----------------|----------------|----------------|---------------------------------|----------|
| | | | ntion from oses into t | • | U.S. Trustee P | rogram h | nas divided | the IRS L | ocal Stand | ard for housin | g for | | |
| _ | | | | | d operating exp | enses | | | | | | | |
| То | answ | er the qu | estions in | lines 8-9, us | se the U.S. Trus | stee Prog | gram chart. | | | | | | |
| | | | | | specified in the s nkruptcy clerk's | | nstructions | for this forr | n. | | | | |
| 8. | Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses | | | | | | | | | | | | |
| 9. | Ηοι | using and | utilities - | Mortgage o | rent expenses | s : | | | | | | | |
| | 9a. | | | | entered in line ge or rent exper | | | | | \$ 1, | 438.00 | | |
| | 9b. | Total ave | erage mont | hly payment | for all mortgage | es and oth | ner debts se | cured by y | our home. | | | | |
| | | contractu | ually due to | al average m each secure n divide by 6 | nonthly payment ed creditor in the 60. | , add all a e 60 mont | amounts tha hs after you | t are ı file | | | | | |
| | | Name of | the credito | r | | | Average ment | onthly | | | | | |
| | | -NONE | - | | | | \$ | | | | | | |
| | | | | Total avera | ge monthly payn | nent | \$ | 0.00 | Copy here=> | -\$ | 0.00 | Repeat this amount on line 33a. | |
| | 9c. | Net mort | gage or rei | nt expense. | | | | | | | | | |
| | | | | | nonthly paymentis less than \$0, | | | | \$ | 1,438.00 | Copy here=> | \$ | 1,438.00 |
| 10. | | | | | rogram's divis othly expenses, | | | | | g is incorrect | and | \$ | 0.00 |
| | Ex | plain why: | | | | | | | | | | | |

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

■ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 196.00

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 60 of 72

Kelly Francis Mandock Debtor 1 Leanna Marie Mandock Debtor 2 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2017 Chevrolett Tahoe 46000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment AmeriCredit/GM Financial 915.20 Repeat this Copy **Total Average Monthly Payment** 915.20 here => line 33h Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0. expense 0.00 0.00 \$ here => \$ Vehicle 2 **Describe Vehicle 2:** 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this here amount on **Total Average Monthly Payment** Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. expense 0.00 0.00 here => \$ 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 0.00 Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may

also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 61 of 72

Debtor 1
Debtor 2

Kelly Francis Mandock
Leanna Marie Mandock

Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|-----|--|--|-----|----------|
| 16. | self-employment taxes, soc your pay for these taxes. He | mount that you will actually owe for federal, state and local taxes, such as income taxes, sial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, s | sales, or use taxes. | \$ | 2,974.41 |
| 17. | Involuntary deductions: T contributions, union dues, a | The total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | |
| | Do not include amounts that | at are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include paym | nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life ents, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 0.00 |
| 19. | | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | |
| | Do not include payments or | n past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total month as a condition for your jo | nly amount that you pay for education that is either required: | | |
| | | entally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | • | 0.00 |
| | Do not include payments fo | or any elementary or secondary school education. | \$ | 0.00 |
| 22. | that is required for the healt by a health savings accoun | penses, excluding insurance costs: The monthly amount that you pay for health care the and welfare of you or your dependents and that is not reimbursed by insurance or paid to the line only the amount that is more than the total entered in line 7. | \$ | 0.00 |
| | Payments for nealth insurar | nce or health savings accounts should be listed only in line 25. | Ψ | |
| 23. | for you and your dependent | elephone services: The total monthly amount that you pay for telecommunication services ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of ed by your employer. | | |
| | | or basic home telephone, internet and cell phone service. Do not include self-employment exported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses at Add lines 6 through 23. | llowed under the IRS expense allowances. | \$ | 6,518.41 |
| | | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 62 of 72

Debtor 1
Debtor 2

Kelly Francis Mandock
Leanna Marie Mandock

Case number (if known)

| Additional Expense Deductions These are additional deductions allowed by the Means Test. | | | | | | | |
|--|---|---|-------------|-------------------|---|--------|--------|
| Note: Do not include any expense allowances listed in lines 6-24. | | | | | | | |
| 25. | 6. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, your dependents. | | | | | | |
| | Health insurance \$ 385.18 | | | | | | |
| | Disability insurance \$ | | | | | | |
| | Health savings account + \$ | | | | | | |
| | Total | | \$ | 385.18 | Copy total here=> | \$ | 385.18 |
| | Do you act | tually spend this total amount? | | | 1 | | |
| | □ No | . How much do you actually spend? | | | | | |
| | ■ Ye | , , , | \$ | | | | |
| 26. | 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). | | | | | \$ | 0.00 |
| 27. | | n against family violence. The reasonably ou and your family under the Family Violence | | | | | |
| | By law, the court must keep the nature of these expenses confidential. | | | | | \$ | 0.00 |
| 28. | Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. | | | | | | |
| | If you believe that you have home energy costs that are more than the home energy costs included in expenses on lir 8, then fill in the excess amount of home energy costs. | | | | | | |
| | | give your case trustee documentation of yo aimed is reasonable and necessary. | ur actual e | expenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | \$160.42* p | n expenses for dependent children who a per child) that you pay for your dependent c mentary or secondary school. | | | | | |
| | | give your case trustee documentation of yo reasonable and necessary and not already | | | | | |
| | * Subject to | o adjustment on 4/01/19, and every 3 years | after that | t for cases begui | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | higher than | I food and clothing expense. The monthly in the combined food and clothing allowance if the food and clothing allowances in the IR. | s in the II | RS National Star | | | |
| | | chart showing the maximum additional allow s for this form. This chart may also be avail | | | | | |
| | You must s | show that the additional amount claimed is | reasonab | le and necessar | у. | \$ | 0.00 |
| 31. | | g charitable contributions. The amount the storage of the contributions of the contributions. | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | Add all of the additional expense deductions. Add lines 25 through 31. | | | | \$ | 385.18 | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 63 of 72

| Debtor 1 | Kelly Francis Mandock | | |
|----------|-----------------------|------------------------|--|
| | Leanna Marie Mandock | Case number (if known) | |

| Deductions for Debt Payment | | | | | | | |
|--|--|---------------------|---|-----------------------|--|--|--|
| 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. | | | | | | | |
| | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | |
| Mortgages on your home: | | | | verage monthly ayment | | | |
| 33a. Copy line 9b here | | | => \$ | 0.00 | | | |
| Loans on your first two vehicl | | | | | | | |
| 33b. Copy line 13b here | | | => \$ | 915.20 | | | |
| 33c. Copy line 13e here | | | => \$ | 0.00 | | | |
| 33d. List other secured debts: | | | | | | | |
| Name of each creditor for other secured de | ebt Identify property that secu | in | oes payment nclude taxes or nsurance? | | | | |
| | | | □ No | | | | |
| -NONE- | | | □ Yes \$ | | | | |
| | | | • | | | | |
| | | | □ No | | | | |
| | | | ☐ Yes \$ | | | | |
| | | | □ No | | | | |
| | | | □ Yes +\$ | | | | |
| | | | — 103 + y | | | | |
| | | | Сору | | | | |
| 33e. Total average monthly payment. | Add lines 33a through 33d | \$ | 915.20 total here=> | . \$ 915.20 | | | |
| 34. Are any debts that you listed in lin | ne 33 secured by your primary res | sidence, a vehicle, | | | | | |
| or other property necessary for ye | our support or the support of you | r dependents? | | | | | |
| No. Go to line 35. | | | | | | | |
| ☐ Yes. State any amount that you listed in line 33, to keep pour Next, divide by 60 and fill | ossession of your property (called th | | | | | | |
| Name of the creditor | Identify property that secures | the debt Tota | ll cure ount | Monthly cure amount | | | |
| -NONE- | | \$ | ÷ 60 = 3 | | | | |
| | | | | | | | |
| | | | Сору | | | | |
| | | Total \$ | 0.00 total | . \$ 0.00 | | | |
| | | | | | | | |
| 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. | | | | | | | |
| ☐ No. Go to line 36. | | | | | | | |
| | all of these priority claims. Do not included as those you listed in line 19. | clude current or | | | | | |
| Total amount of all past- | due priority claims | \$ <u>1</u> | 1,830.00 ÷ 60 = | \$197.17 | | | |

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 64 of 72

| Debtor 1 Debtor 2 | - | / Francis Mandock Ina Marie Mandock | | Cas | e nu | ımber (<i>if knowr</i> | n) | | | |
|----------------------|------------------|---|-----------------|---------------|------|-------------------------|----------------|---------|-------------|-------------|
| Fo | or more | eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available | cs specified | | | | | | | |
| | l _{No.} | Go to line 37. | | | | | | | | |
| | l Yes. | Fill in the following information. | | | | | | | | |
| | | Projected monthly plan payment if you were filing under | Chapter 13 | | \$ | | | | | |
| | | Current multiplier for your district as stated on the list is: Administrative Office of the United States Courts (for distand North Carolina) or by the Executive Office for Unite (for all other districts). | stricts in Alal | stees | X | | | | | |
| | | To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office. | | | | | | Copy to | tal | |
| | | Average monthly administrative expense if you were filing | ng under Ch | apter 13 | | \$ | | nere=> | | |
| | | of the deductions for debt payment. s 33e through 36. | | | | | | | \$ | 1,112.37 |
| Total | Deduc | tions from Income | | | | | | | | |
| 38. A | dd all o | f the allowed deductions. | | | | | | | | |
| | | e 24, All of the expenses allowed under IRS | \$ | 6,518.41 | l | | | | | |
| | | e allowancese allowancese 32, All of the additional expense deductions | \$ | 385.18 | _ | | | | | |
| | | the 37, All of the deductions for debt payment | Ψ | | _ | | | | | |
| • | ору ш | le 31, All of the deductions for debt payment | +\$ | 1,112.37 | _ | ٦ | | | | |
| | | Total deductions | \$ | 8,015.96 | 6 | Copy total | here | => | \$ | 8,015.96 |
| Part 3: | Det | ermine Whether There is a Presumption of Abuse | | | | | | | | |
| 39. C a | alculate | e monthly disposable income for 60 months | | | | | | | | |
| 3 | 39a. Co | py line 4, adjusted current monthly income | \$ | 10,413.00 |) | | | | | |
| 3 | 39b. Co | py line 38, <i>Total deductions</i> | - \$ | 8,015.96 | 6 | | | | | |
| 3 | | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a | \$ | 2,397.04 | | Copy here=>\$ | | 2,3 | 97.04 | |
| F | or the | next 60 months (5 years) | | | | | x 60 | | | |
| 3 | 39d. To | tal. Multiply line 39c by 60 | 39d. | \$1 | 143 | 3,822.40 | Copy here=> | \$ | 14 | 3,822.40 |
| 40. Fi | nd out | whether there is a presumption of abuse. Check the | box that app | lies: | | | _ | | | |
| | l The I | ine 39d is less than \$7,700*. On the top of page 1 of thi | s form, chec | k box 1, The | ere | is no presu | ımption o | f abuse | e. Go to Pa | art 5. |
| | | ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5. | this form, ch | eck box 2, | The | ere is a pres | umption | of abus | se. You ma | ay fill out |
| | l The I | ine 39d is at least \$7,700*, but not more than \$12,850 | *. Go to line | 41. | | | | | | |
| *8 | Subject | to adjustment on 4/01/19, and every 3 years after that for | r cases filed | on or after t | he | date of adju | ıstment. | | | |

Kelly Francis Mandock

Case 18-73816-FJS Doc 1 Filed 10/29/18 Entered 10/29/18 17:14:19 Desc Main Document Page 65 of 72

| | Kelly Francis Mandock Leanna Marie Mandock | _ | Case number (if known) | | |
|--------|--|-----------------|---|----------------|----------------|
| 41. | 41a. Fill in the amount of your total nonpriority unsecured of A Summary of Your Assets and Liabilities and Certain State Schedules (Official Form 106Sum), you may refer to line 3 | atistical Ínfor | rmation | | |
| | 41b. 25% or your total nonpriority unsecured debt. 11 U.S.C | C. § 707(b)(| 2)(A)(i)(I) \$ | Copy here=> | \$ |
| | Multiply line 41a by 0.25 | | | | |
| 25% | ermine whether the income you have left over after subtraction of your unsecured, nonpriority debt. sek the box that applies: | ting all allo | wed deductions is enough to | pay | |
| | Line 39d is less than line 41b. On the top of page 1 of this form Go to Part 5. | n, check box | x 1, There is no presumption of | abuse. | |
| | Line 39d is equal to or more than line 41b. On the top of page presumption of abuse. You may fill out Part 4 if you claim special | | | | |
| art 4: | Give Details About Special Circumstances | | | | |
| ■ No | nable alternative? 11 U.S.C. § 707(b)(2)(B). 5. Go to Part 5. 6. Fill in the following information. All figures should reflect your a item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstar necessary and reasonable. You must also give your case trus adjustments. | nces that m | ake the expenses or income ad | justments | |
| | Give a detailed explanation of the special circumstances | 5 | Average monthly experience or income adjustment | nse | |
| | | | \$ | | |
| | | | \$ | | |
| | | | <u> </u> | | |
| | | | \$ | | |
| | | | <u> </u> | | |
| art 5: | Sign Below By signing here, I declare under penalty of perjury that the inform | | :t-t | | |
| | | | · | ients is true | e and correct. |
| Х | (/s/ Kelly Francis Mandock Kelly Francis Mandock | | Leanna Marie Mandock Inna Marie Mandock | | |
| | Signature of Debtor 1 | Sign | nature of Debtor 2 | | |
| Date | October 29, 2018 MM / DD / YYYY | | ober 29, 2018 / DD / YYYY | | |
| | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|----|--------------------|--|
| \$24 | 5 | filing fee | |
| \$7 | 5 | administrative fee | |
| + \$1 | 5_ | trustee surcharge | |
| \$33 | 5 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| · | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Acredale Animal Hospital 1200 Lake James Dr, Virginia Beach, VA 23464

AmeriCredit/GM Financial Attn: Bankruptcy PO Box 183853 Arlington, TX 76096

Amex Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998

Bank Of America Attn: Bankruptcy PO Box 982238 El Paso, TX 79998

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Citibank/Sears Attn: Bankruptcy PO Box 6275 Sioux Falls, SD 57117

Citibank/The Home Depot Attn: Centralized Bankruptcy PO Box 790034 St Louis, MO 63179

Credit First National Assoc Attn: Bankruptcy PO Box 81315 Cleveland, OH 44181

Credit First/Firestone PO Box 81344 Cleveland, OH 44188-0344

Discover Financial PO Box 3025 New Albany, OH 43054 IRS
Special Procedures
PO Box 10025
Richmond, VA 23240-0025

Keller Williams Real Estate 33012 Coastal Hwy Bethany Beach, DE 19930

Langley Fed Credit Uni 721 Lakefront Commons Newport News, VA 23612

Langley Federal Credit Union Attn: Bankruptcy 721 Lakefront Commons Newport News, VA 23606

Merrick Bank/CardWorks Attn: Bankruptcy PO Box 9201 Old Bethpage, NY 11804

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

Navy FCU Attn: Bankruptcy PO Box 3000 Merrifield, VA 22119

Navy Federal Credit Union Attn: Bankruptcy PO Box 3000 Merrifield, VA 22119

Ortho Sport and Spine 2725 Ivy Hill Buford, GA 30519-7922

PayPal Credit PO Box 71202 Charlotte, NC 28272-1202 Resolve usa PO Box 920247 Norcross, GA 30010-0247

Sears PO Box 78051 Phoenix, AZ 85062-8051

South Shore Bank Attn: Bankruptcy PO Box 151 Weymouth, MA 02188

Synchrony Bank/Amazon PO Box 965015 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896

Tidewater Utilities, Inc Customer Serv. Center 1500 Ronson Rd. Iselin, NJ 08830-3049

Wells Fargo Bank Attn: Bankruptcy Dept PO Box 6429 Greenville, SC 29606